

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | |
|--|--|---|---|--|--|---|-----------------------|--|---------|--|--|--|
| MEMBER INVOLVED SUBJECT INFORMATION | 1. DATE OF INCIDENT 12-OCT-2014 | | TIME 00:35:00 | 2. ADDRESS OF OCCURRENCE 5301 S DR MARTIN LUTHER KING JR DR CHICAGO, IL 6061 | | | | 3. LOCATION CODE 304 | | 4. BEAT/OCURR 0233 | | |
| | 5. POSITION 9161 | 6. LAST NAME HERNANDEZ | 7. FIRST NAME GEORGE | 8. STAR NO. 16231 | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 10. RACE CODE S | 11. AGE 601 | 12. HT. 160 | 13. WT. | | | |
| | 14. DATE OF APPT. 27-MAR-2006 | 15. EMPLOYEE NO. [REDACTED] | 16. UNIT & BEAT OF ASSIGNMENT 002 0264B | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | |
| | 20. LAST NAME JOHNSON | 21. FIRST NAME RONALD | 22. M.I. <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 23. SEX BLK | 24. RACE | 25. D.O.B. [REDACTED] | 26. HT. 510 | 27. WT. 160 | | | | |
| | 28. ADDRESS [REDACTED] | 29. TELEPHONE NO. [REDACTED] | 30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | 31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | |
| | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? UNIVERSITY OF CHICAGO HOSPITALS | 34. BY WHOM? [REDACTED] | 35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | | | | | | | | |
| | 36. CHARGES PLACED | [REDACTED] | <input type="checkbox"/> DNA | 37. CB NO. [REDACTED] | IR NO. [REDACTED] | <input type="checkbox"/> DNA | | | | | | |
| | 38. <input type="checkbox"/> DNA | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT:ASSAULT | | ASSAILANT:BATTERY | | ASSAILANT:DEADLY FORCE | | |
| | REASON FOR USE OF FORCE (Check all that apply) | SUBJECTS ACTIONS | | FLED PULLED AWAY OTHER _____ | | IMMINENT THREAT OF BATTERY OTHER _____ | | ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____ | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER SEMIAUTOMATIC HANDGUN | | |
| | | MEMBER'S RESPONSE | | OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Laser Targeted) TASER (Spark Displayed) OTHER _____ | | ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) IMPACT MUNITION (Describe in Box 40) OTHER DISCHARGED WEAPON | | KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40) | | FIREARM OTHER DISCHARGED WEAPON | | |
| 39. <input type="checkbox"/> DNA | | 40. ADDITIONAL INFORMATION ASSAILANT ATTEMPTED TO POINT HIS HANDGUN AT P.O. HERNANDEZ 16231. OFFENDER WAS ARMED WITH A LOADED 9MM B/S SEMI-AUTO PISTOL WITH A 4" BBL. | | | | | | | | | | |
| 41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER | | | | 42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial | 44. WEATHER CONDITIONS CLEAR | | | | | | |
| 45. MAKE/MANUFACTURER SIG/S. I. G./SWISS INDUSTRIAL GESELLSCHAFT - SZ- | | | | 46. MODEL P220 | 47. BARREL LENGTH 4.4 | 48. CALIBER/GAUGE 45 CAL | | | | | | |
| 49. TASER DART ID NO. [REDACTED] | | 50. WEAPON SERIAL No. (Include Letters) G376138 | | 51. CHICAGO GUN REG. NO. R001481S | 52. IL FIREARM OWNER ID. NO. [REDACTED] | 53. HANDGUN CERTIFICATE NO. [REDACTED] | | | | | | |
| 54. SPECIAL WEAPON CERTIFICATE NO. | | 55. PROPERTY INVENTORY NO. | | 56. TYPE OF AMMUNITION USED 45 FEDERAL | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1 | 58. TOTAL NO. OF SHOTS MEMBER FIRED 5 | | | | | | |
| 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | 61. NO OF CARTRIDGES/SHOT SHELLS RELOADED | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) | | | | | | | |
| 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | 65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE | | | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input checked="" type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | | | | | | | |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | | | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | |
| 72. CASE INFO. | NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. | | | | | | | | | | | |
| SIGNATURES | Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | | | |
| 73. REPORTING MEMBER (Print Name) HERNANDEZ, GEORGE 12-OCT-2014 08:51:17 | STAR/EMPLOYEE NO. 16231 | | SIGNATURE [REDACTED] | | | | | | | | | |
| Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | | | | | | | | |
| 74. REVIEWING SUPERVISOR (Print Name) HUFFMAN, SHARON M | STAR NO. 2265 | | SIGNATURE [REDACTED] | | DATE REVIEWED 12-OCT-2014 09:16:12 TIME 12-OCT-2014 09:16:12 | | | | | | | |

CPD-11.377 (REV. 10/07)

LOG # 1071970 070
W#14-84
Attachment # 8

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

At this stage of the investigation the circumstances surrounding the use of deadly force in this incident are unclear and requires further investigation under this CR investigation. The incident was captured on the in-car camera of mobile beat 233R and requires further review.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1071970 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

DATE COMPLETED

13-OCT-2014 00:17:25

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT
 ARREST REPORT

SUPPLEMENTARY REPORT
 OFFICER BATTERY REPORT
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT
 CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

5

LOG # 1071970
WIT# 34
Attachment # 8